

CUSTODY & VISITATION



FORMS

CUSTODY & VISITATION FORMS



This packet contains the blank Court forms that you must complete for filing.

**ONLY FILE THE FORMS IN THIS FORMS PACKET.
DO NOT FILE THE FORMS IN THE INSTRUCTION PACKET.**



The forms in this packet are in the same order as the instructions and sample forms in the Instruction Packet:

- Petition for Custody
- Information Sheet
- Custody Separate Statement
- Waiver of Rights Under the Servicemembers Civil Relief Act
- Motion Form
- Affidavit of Non-Military Service
- Consent Order- Custody, Visitation
- Answer
- Petition for Visitation
- Petition to Modify Visitation
- Affidavit that Address is Unknown

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

PETITION FOR CUSTODY

Petitioner

Respondent

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Social Security Number Date of Birth	Social Security Number Date of Birth	
Attorney Name and Phone Number	Attorney Name and Phone Number	

IN THE INTEREST OF the following child(ren):

Name Date of Birth	Name Date of Birth
Name Date of Birth	Name Date of Birth
Name Date of Birth	Name Date of Birth

The said child(ren) live with (Name): _____

Relationship to child(ren): _____

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Petitioner alleges the following facts: (Please list in consecutively numbered paragraphs. Attach additional pages if needed.)

WHEREFORE, Petitioner prays that a Summons issue to the above-named person(s) and the person(s) listed in Paragraph 5 of the attached Separate Statement, and the that the Court grant Custody of the above-named child(ren) to Petitioner and enter such Orders as may be in the best interest of the child(ren). The attached Statement is incorporated and made part hereof.

SWORN TO AND SUBSCRIBED
before me this date,

Notary Public/Clerk of Court

Movant/Attorney

The Family Court of the State of Delaware

INFORMATION SHEET - PLEASE PRINT

Date: _____ File No. : _____

Please fill in A to K pertaining to you the Applicant (Petitioner).

A. Name: _____

B. Address: _____

C. Phone: Home: _____ Work: _____

D. Employer & Work Address: _____

Hours/Shift: _____

E. Social Security No.: _____ F. Date of Birth: _____

G. Description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

H. Type of Vehicle operated by you: _____

I. Driver's License: _____ J. Your relationship to the Defendant/Respondent: _____
State and Number

K. Attorney: _____

If you are filing for Custody, Visitation, Support or Petition for Protection from Abuse please fill out the information needed below in reference to the child(ren) who are involved..

Children (Custody/Visitation/Support/Petition for Protection from Abuse)

Name	Relationship	Sex	Date of Birth
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

Please fill in L to X pertaining to the Defendant/Respondent..(For additional respondents use additional sheets)

L. Defendant/Respondent is a: (Check One) ☐ **ADULT** ☐ **JUVENILE**

M. Name: _____

N. Address: _____

O. Phone: Home: _____ Work: _____

P. Employer and Work Address: _____

Hours/Shift: _____

Q. Social Security No.: _____ R. Date of Birth: _____

S. Description: Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marks/Scars/Tattoos: _____

T. Drivers License No.: _____ U. Type of vehicle operated by Defendant/Respondent _____

V. Parent's Name (if a Juvenile): _____

W. Time when Respondent is usually home: _____

X. Any additional information about Respondent that may aid the process server in locating him/her to serve this petition: _____

DIRECTIONS TO RESPONDENT'S RESIDENCE

[illegible]

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CUSTODY SEPARATE STATEMENT IN COMPLIANCE WITH TITLE 13, SECTION 1928 OF THE DELAWARE CODE

Petitioner	Respondent	File No.:
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1. What type of petition are you filing? _____

2. Who is the child(ren) named in your petition? (Please provide full name and date of birth)

_____	_____
_____	_____
_____	_____

3. Have all the children listed above continually resided with one another? ☐ Yes ☐ No
If you answered "No," the children have not continually resided with one another, please complete a Custody Separate Statement for each child.

4. Where is the child(ren) living as of today's date?

Street Address	City	State	Zip Code
Name of person(s) child(ren) is living with		Relationship to child(ren)	

5. During the past five years, where have the child(ren) lived? *List addresses from the most recent to the oldest beginning with the address where the child(ren) currently lives. If the child(ren) is under the age of five years old end with the first address where the child lived.*

Address where child(ren) currently resides	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

Address where the child(ren) lived before that.	City	State	Zip Code
Date child(ren) lived there	Name of person(s) child(ren) is living with	Relationship to child(ren)	
Person's current address	City	State	Zip Code

6. Check **ONE** and complete as directed.

- ☐ I have not been involved in any other court action and/or visitation of this child(ren).
- ☐ I have been involved in another court action for custody and/or visitation of this child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

TYPE OF ACTION (custody, visitation or modification)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER	RESULT of action	DATE OF ORDER

TYPE OF ACTION (custody, visitation or modification)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER	RESULT of action	DATE OF ORDER

7. Check **ONE** and complete as directed.

- ☐ I do not know of any other court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship, Adoption or Paternity involving myself, the other party or the child(ren) that could affect this petition.
- ☐ I, the other party or the child(ren) have been and/or are currently involved in another court action such as, Protection From Abuse, Termination of Parental Rights, Guardianship or Adoption, that could affect this petition. *If you check this box, complete the information below. Attach additional sheets if necessary.*

TYPE OF ACTION (PFA, TPR, Guardianship, Adoption)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER		

TYPE OF ACTION (PFA, TPR, Guardianship, Adoption)	PERSON who filed action	STATE action was filed in	COURT where the action was filed
DATE action was filed	CASE NUMBER		

8. Check **ONE** and complete as directed.

- ☐ No one other than the parties have physical custody, legal custody or visitation rights with the child(ren).
- ☐ A person(s) other than the parties have physical custody, legal custody or visitation rights with the child(ren). *If you check this box, complete the information below. Attach additional sheets if necessary.*

--	--

Name of person(s) child(ren) is living with

Relationship to child(ren)

--	--	--	--

Address of person(s) where child(ren) reside

City

State

Zip Code

--	--

Name of person(s) child(ren) is living with

Relationship to child(ren)

--	--	--	--

Address of person(s) where child(ren) reside

City

State

Zip Code

SWORN TO AND SUBSCRIBED
before me this date,

Petitioner

Notary Public

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

IN RE THE MARRIAGE OF

_____)	
)	
Petitioner,)	File No.: _____
and)	
)	Petition No.: _____
_____)	
Respondent,)	

WAIVER OF RIGHTS UNDER THE “SERVICEMEMBERS CIVIL RELIEF ACT”

STATE OF DELAWARE)	
)	ss.
_____ COUNTY)	

BE IT REMEMBERED, that on this date, _____, personally appeared before me, a Notary Public for the State of Delaware in the County declared above, _____, (“Affiant”), who, being duly sworn by me according to law, did depose and say:

1. That Affiant is the Respondent in the above captioned case:
2. That Affiant is active duty in the United States military: and
3. The Affiant waives his/her rights under the “Servicemembers Civil Relief Act” and in doing so acknowledges that he/she, or his/her attorney, will be required to timely respond to and appear at all legal proceedings associated with the above captioned case.

Respondent (“Affiant”)

SWORN TO AND SUBSCRIBED before me this date, _____

Notary Public or Clerk of Court

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

MOTION FOR _____

Petitioner

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

Respondent

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

File Number

Petition Number

A PROCEEDING involving _____ having been filed heretofore in this Court,
Movant hereby moves the Court for _____ and, in
support thereof, alleges the following facts:

SWORN TO AND SUBSCRIBED
before me this date,

Movant/Attorney

Notary Public/Clerk of Court

I, the Movant, affirm that a true and correct copy of this Motion was placed in the U.S. Mail on this date
_____, and sent to the other party or attorney at the address listed on the petition, being
_____, first class postage
pre-paid.

SWORN TO AND SUBSCRIBED
before me this date,

Movant/Attorney

Notary Public/Clerk of Court

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

In re the Marriage of:

Petitioner

Respondent

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Social Security Number Date of Birth	Social Security Number Date of Birth	
Attorney Name and Phone Number	Attorney Name and Phone Number	

The section below is to be completed by and signed in the presence of a Notary Public/Clerk of Court on the day of your Divorce/Annulment Hearing.

AFFIDAVIT OF NON-MILITARY SERVICE

STATE OF DELAWARE

)

)

SS.

_____ COUNTY

)

BE IT REMEMBERED, that on this date, _____, personally appeared
Before me, a Notary Public for the State of Delaware in the County declared above,
_____, ("Affiant"), who, being duly sworn by me according to law,
did depose and say:

1. That Affiant is the Petitioner in the Petition for Divorce/Annulment;
2. That Respondent is not in the military service of the United States of America; and
3. That Affiant has made this Affidavit pursuant to the provisions of § 200 of the Act of Congress entitled "Soldiers and Sailors Civil Relief Act of 1940" (50 U.S.C.A. App. 520) approved October 17, 1940.

Petitioner

SWORN TO AND SUBSCRIBED before me this date, _____

Notary Public or Clerk of Court

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

CONSENT ORDER – CUSTODY, VISITATION

Petitioner

v. Respondent

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Attorney Name and Phone Number	Attorney Name and Phone Number	

IN THE INTEREST OF the following child(ren):

Name (Child #1) Date of Birth	Name (Child #2) Date of Birth
Name (Child #3) Date of Birth	Name (Child #4) Date of Birth
Name (Child #5) Date of Birth	Name (Child #6) Date of Birth

The parties in the above-entitled cause hereby agree upon the following arrangement and do consent to the entry on an Order providing for the same:

Type of Custody: ☐ Joint Custody ☐ Sole Custody

Custody Awarded to: _____

Physical Placement with: _____

Relationship: _____

Address: _____

Visitation Awarded to: _____

Relationship: _____

Address: _____

OVER

Visitation shall be as follows:

Affidavit of Consent

Be it remembered that on _____, the above named petitioner and respondent personally came before me, the subscriber, a Notary Public for the State and County listed below, who being duly sworn to law did depose and say: I, the undersigned hereby agree upon the following custodial/visitation agreement for the above-named child(ren). I have signed this consent agreement voluntarily and of my own free will.

We hereby waive our right to a Review of a Commissioner's Order because this Order is entered pursuant to this Voluntary Agreement

Petitioner

Respondent

State of

State of

County of

County of

Sworn to subscribed before me:

Sworn to subscribed before me:

Mediator/Notary Public

Mediator/Notary Public

So Ordered this Date: _____

Commissioner

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

ANSWER

Petitioner

v. Respondent

Name	Name	File Number
Street Address	Street Address	
Apt. or P.O. Box Number	Apt. or P.O. Box Number	Petition Number
City State Zip Code	City State Zip Code	
Attorney Name and Phone Number	Attorney Name and Phone Number	

The respondent hereby answers the numbered paragraphs in the pleading as follows:

--

SWORN TO AND SUBSCRIBED before
me this date:

Respondent/Attorney

Notary Public/Clerk of Court

A copy of this answer must be sent to the Petitioner. See reverse side for Affidavit of Mailing.

AFFIDAVIT OF MAILING

I affirm that a true and correct copy of this Answer was placed in the U.S. mail on this date, _____ and sent to the Petitioner or the attorney address listed on the petition, being _____, first class postage pre-paid.

Respondent/Attorney

SWORN TO AND SUBSCRIBED before me on this date, _____.

Notary Public /Clerk of Court

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

PETITION FOR VISITATION

Petitioner			Respondent				
Name			Name			File Number	
Street Address			Street Address				
Apt. or P.O. Box Number			Apt. or P.O. Box Number			Petition Number	
City	State	Zip Code	City	State	Zip Code		
Social Security Number		Date of Birth	Social Security Number		Date of Birth		
Attorney Name and Phone Number			Attorney Name and Phone Number				

IN THE INTEREST OF the following child(ren):

Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Name	Date of Birth	Name	Date of Birth

The said child(ren) live with (Name): _____
Relationship to child(ren): _____

(STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

Petitioner alleges the following facts: (Please list in consecutively numbered paragraphs. Attach additional pages if needed.)

Petitioner requests that Visitation be as follows: (Attach additional pages if needed.)

WHEREFORE, Petitioner prays that a Summons issue to Respondent and that the Court grant the relief prayed for or such relief as may be just.

SWORN TO AND SUBSCRIBED
before me this date,

Notary Public/Clerk of Court

Movant/Attorney

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

PETITION TO MODIFY VISITATION

Petitioner

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

Respondent

Name
Street Address
Apt. or P.O. Box Number
City State Zip Code
Social Security Number Date of Birth
Attorney Name and Phone Number

File Number

Petition Number

IN THE INTEREST OF the following child(ren):

Name Date of Birth	Name Date of Birth
Name Date of Birth	Name Date of Birth
Name Date of Birth	Name Date of Birth

The said child(ren) live with (Name): _____

Relationship to child(ren): _____

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

Petitioner requests the Court enter an order modifying a prior visitation order of this Court issued by _____, dated _____, and in support there of alleges the following
(Judicial Officer) (MM/DD/YY)
circumstances. (Please list in consecutively numbered paragraphs):

(OVER)

Petitioner requests that Visitation be as follows:

WHEREFORE, Petitioner prays that a Summons issue to Respondent and that the Court grant relief prayed for or such other relief as may be just.

SWORN TO AND SUBSCRIBED before me
this date,

Petitioner/Attorney

Clerk of Court/Notary Public

Address (if not stated above)

The Family Court of the State of Delaware

in and for ☐ New Castle ☐ Kent ☐ Sussex County

AFFIDAVIT THAT A PARTY'S ADDRESS IS UNKNOWN

Petitioner			Respondent				
Last	First	MI	VS.	Last	First	MI	File No.
							CPI No.

State of _____)
)
 _____ County) SS.

BE IT REMEMBERED, that on this _____ day of _____, _____, personally appeared
before me, a Notary Public for the State and County aforesaid, _____, (“Affiant”), who, being by
me duly sworn according to law did depose and say:

1. My name is _____.
2. I do not know the current address and/or telephone number, nor do I know anyone who could provide me with the current address and/or telephone number of _____. I have contacted his/her (Please check as appropriate) ☐ Parent ☐ Spouse ☐ Employer ☐ Other: _____.
His/Her last known address and telephone number were:

3. as of _____.
3. I have had no contact with him/her since _____.
4. I have been informed of my responsibility to accomplish publication and my failure to do so will result in the petition being dismissed.
5. The information contained herein is true and correct to the best of my knowledge and belief.

Affiant

SWORN TO AND SUBSCRIBED before me the day and year aforesaid.

Notary Public